

PART B - FEE(S) TRANSMITTAL

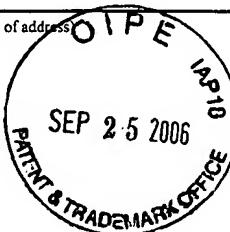
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31904 7590 04/25/2006

GTC BIOTHERAPEUTICS, INC.
 175 CROSSING BOULEVARD, SUITE 410
 FRAMINGHAM, MA 01702



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Dawn C. Greenaway	(Depositor's name)
<i>Dawn C. Greenaway</i>	(Signature)
May 10, 2006	(Date)

09/26/2006 JBALINA2 00000071 10082018

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/082,018	02/20/2002	Li How Chen	10275-133002 / GTC-39C	8070

TITLE OF INVENTION: NOVEL MODIFIED MSP-1 NUCLEIC ACID SEQUENCES AND METHODS FOR INCREASING mRNA LEVELS AND PROTEIN EXPRESSION IN CELL SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/25/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
CROUCH, DEBORAH		1632		800-014000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Byron V. Olsen

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GTC Biotherapeutics, Inc.

Framingham, Massachusetts, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502092 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date May 10, 2006

Typed or printed name

Byron V. Olsen

Registration No. 42,960

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